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Quality Hospital Care, What Does It Mean to Rhode Islanders?

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Hospitals are one of the most utilized and expensive components of the American health care system. As efforts continue to restructure health care and control costs, the demand by employers, government, the public and others for measures of hospital quality intensifies. Many efforts seek to measure quantifiable or "technical" components of hospital quality, such as infection rates and emergency readmission.¹ Others focus on measuring the "functional" components of hospital quality, such as patient satisfaction with various services. Still others rely on external process review, such as by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or on internal quality improvement techniques, such Total Quality Management (TQM) and Continuous Quality Improvement (CQI) techniques. No single approach satisfies every interest.

The Health Care Quality Performance Measurement and Reporting Act of 1998 (Quality Act) requires the Rhode Island Department of Health (HEALTH) to measure and report to the public on the quality performance in all licensed health facilities, beginning with hospitals. Reporting promotes quality by allowing it to be measured and improved over time. Reporting also informs consumers and health care professionals about the use of quality measures. The initial focus on hospitals caused HEALTH to examine what consumers mean by quality hospital care, what kinds of information they want about quality, how often they want it and in what format they want it.

Methods: HEALTH contracted with a marketing consulting firm to conduct focus groups with health care consumers, physicians, hospital quality assurance managers and chiefs of hospital patient care.² Follow-up interviews took place individually with health plan medical directors, hospital CEOs, and employer benefits managers. Researchers used this information to design survey questions for consumers about quality hospital care.

The HEALTH consultant also surveyed 454 adult Rhode Islanders using a random-digit-dial telephone survey technique during June 7-21, 1999.² Researchers stratified the

sample by age and other characteristics. The response rate was 30%. The results produced a margin of error at $\pm 4.6\%$ at the mid-range of the 95% confidence level. The small percent of respondents from minority groups (7%) did not permit useful analysis by minority status.

Results: Respondents to the consumer survey reported clear opinions about quality of care in the United States and Rhode Island. Most (53%) rated the overall quality of care provided by hospitals in Rhode Island as "good" or "excel-

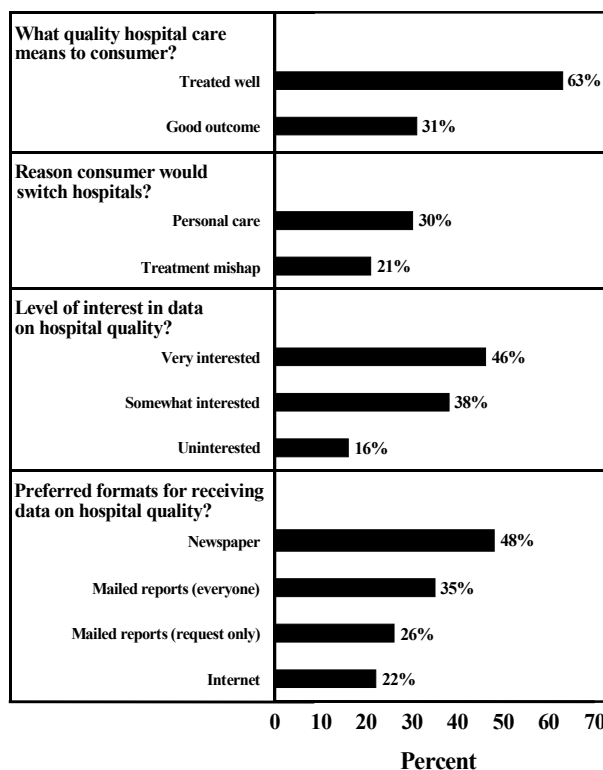


Figure 1. Consumer Opinions on Hospital Quality Information, Rhode Island, 1999.

lent." Nineteen percent said that it had "improved" over the last five years; more (28%) said it had "gotten worse;" most (38%) said it had "stayed about the same." More than half (52%) of all respondents thought that the quality of care provided by individual hospitals in Rhode Island was "about the same" across hospitals.

The survey also asked consumers whether they thought

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of quality hospital care as “good outcomes” or as “being treated well.” Responses favored “being treated well” by a two to one margin. (Figure 1) This finding persisted among all but high income (>\$75,000) and high education (college graduate) groups, who emphasized “successful outcomes.” Most respondents (51%) think of hospital administrators, not their doctors (25%), as responsible for the quality of care that hospitals provide.

The survey also explored the “actionability” of information on hospital quality—whether or not respondents would use it to make different decisions about health care. Only 21% of respondents would switch hospitals after learning about a “treatment mishap,” but 30% would switch after hearing “negative things about personal care” in a hospital. (Figure 1) Most respondents currently get information on hospital quality from their doctors (39%) or by word of mouth (40%), but many (84%) also expressed interest in getting objective information in other ways. Preferred formats included newspaper reports (48%) or printed reports mailed to all households (35%). College graduates (41%) preferred availability on the Internet. Most interested consumers (88%) want the information updated frequently, at least annually.

Discussion: This research points out some of the key challenges of promoting quality hospital care by measuring and reporting systematically-collected data. Consumers hold clear perspectives on quality hospital care but not always the same ones as health professionals. Consumers emphasize the functional aspects of quality hospital care, such as satisfaction or being treated well; health professionals tend to focus on technical aspects such as treatment outcomes. Consumers remain largely unaware of sophisticated and often expensive hospital methods and procedures to ensure overall quality. Even though consumers say they hold hospitals responsible for the care they provide, for most that care is ancillary to diagnosis and treatment provided by their own personal physician.

Evidence exists that the public does not understand and is not yet prepared to act on information on hospital quality. Consumers typically assume the “sick role,” giving authority to physicians and other providers to make health care decisions for them. They also rely heavily on their physicians for direction and on word of mouth recommendations in evaluating hospitals. But consumers remain quite interested in information about hospital quality. In addition to producing comparative data, health and hospital officials need to provide a strong consumer education program to ensure the understanding and use of both technical and functional quality information.

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